PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number

10 516474

(Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN	
1	OTAL CLAIMS			1277				RATE	FE		RATE	
F	FOR			NUMBER FILED		UMBER EXTRA		BASIC F	 -		BASIC F	
7	TOTAL CHARGEABLE CLAIMS			/() minus 20=		•		XS 9:		01	7,510	
IV.	IDEPENDENT	CLAIMS .	14.	# minus 3 = *		*		X43=	1	OF	V00	
М	ULTIPLE DEP				+145=		OF	`				
•	If the difference	ce in column 1 i	zero, enter	"0" in	column 2		TOTAL		- OF	`	_ 	
	CLAIMS AS AMENDED - PART II										OTHE	R THAN
ļ		(Column 1)	 	(Colum		(Column 3)	1 r	SMALI	ENTITY	_	SMALI	ENTITY
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONA FEE		RATE	ADDI- TIONA FEE
	Total	•	Minus	***		=		XS 9=		OR	XS18=	
BE	Independent	*	Minus	www.wk		=		X43=		OR	X86=	1
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								1	7	· · · · · · · · · · · · · · · · · · ·	1.
		-	•				L	+145=		OR	+290=	<u> </u>
							A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)	· · · · · · · · · · · · · · · · · · ·	(Column		(Column 3)	_					
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MON	Total .	•	Minus	**				X\$ 9=		OR	X\$18=	
ME	Independent	-	Minus	***		=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									1 Ŭ∷		
						.•	Ŀ	+145=		OR	+290=	
							AD	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	<u> </u>
		(Column 1)		(Column	2).	(Column 3)						
AMENDMENI C		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBER PREVIOUS PAID FOI	R SLÝ	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	44		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***	·	=		X43=		OR	X86=	
`	FIRST PRESE	VTATION OF MU	LTIPLE DEP	ENDENT CL	AIM		. -			UH -		
						-		145=		OR	+290=	
If	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."							. TOTAL OIT. FEE		OR A	TOTAL DDIT. FEE	
11	we mywstnun	nder Previously Paid Der Previously Paid	Cost Cost of	STACE IS IES	ulan is the b	o, enter o. Johann number f	~ ·od	in the son	corrate box	m colu	mo: 1	•